2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 768961

1. Entity Name
CRYSTAL RIVER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
123 NW HIGHWAY 19 CRYSTAL RIVER, FL 34428 US	123 NW HIGHWAY 19 CRYSTAL RIVER, FL 34428 US

01162008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2536303
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUMAS, BROWN JR.
291 SOUTH GARDENIA TERRACE
CRYSTAL RIVER, FL 34423

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KUNSELMAN, SAMUEL V
STREET ADDRESS	661 NE CRYSTAL ST
CITY-ST-ZIP	CRYSTAL RIVER, FL 344283722
TITLE	TD
NAME	DUMAS, JACK
STREET ADDRESS	419 NE CRYSTAL STREET
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	DS
NAME	CATES, TERRY
STREET ADDRESS	9415 W WISCONSIN CT.
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	D
NAME	DUMAS, BROWN
STREET ADDRESS	291 S. GARDENIA TERR
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	VD
NAME	HAYES, ARTHUR C
STREET ADDRESS	750 NE 3RD ST
CITY-ST-ZIP	CRYSTAL RIVER, FL 344294316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR